



ANNUAL REPORT

1985 — 1986

Hospital Services Commission
of Prince Edward Island

87-03915/

**Hospital Services Commission
of Prince Edward Island**

**Jones Building
11 Kent Street
Charlottetown
Prince Edward Island
C1A 7P4**

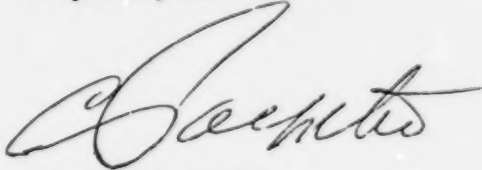
**ANNUAL REPORT
For the Year Ending
March 31, 1986**

Honourable Keith Milligan
Minister of Health & Social Services
Province of Prince Edward Island
P.O. Box 2000
Charlottetown, P.E.I.
C1A 7N8

Honourable Minister:

In accordance with Section 9(a) of the Hospital and Diagnostic Services Insurance Act, I have the honour to present the Report of the Hospital Services Commission of Prince Edward Island for the period April 1, 1985 to March 31, 1986.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Claude Paynter".

CLAUDE PAYNTER
Chairman
HOSPITAL SERVICES COMMISSION
OF PRINCE EDWARD ISLAND

MEMBERS

Hospital Services Commission

and

Executive Director

Members	Effective Date of Appointment
Mr. Claude Paynter, Chairman Sherwood	July 3, 1980
Mr. Keith Harrington Spring Valley	July 3, 1980
Mr. Donald Munroe Montague	July 3, 1980
Dr. Athol Roberts Charlottetown	October 22, 1981
Mrs. Sheila Trainor Charlottetown	November 24, 1977

Executive Director

Mr. J. Brendon McGinn

TABLE OF CONTENTS

Letter of Transmittal	II
Members of Commission and Executive Director	III
The Hospital Services Commission	1
Highlights:	
Summary of Activities	3
Hospital Utilization	4
TABLE I Population per Active Civilian Physician, Canada and Atlantic Provinces, 1973-1984	5
TABLE II Provincial Comparison, Occupancy Rates, 1984-85 (Public Hospitals — General Non- Teaching, with Long-Term Units)	6
TABLE III Provincial Comparison, Average Length of Stay, 1984-85 (Public Hospitals — General Non- Teaching, with Long-Term Units)	7
TABLE IV 1984-85 Percentage Distribution of Total Operating Expenses by Type of Expense per Patient Day (Public Hospitals — General Non- Teaching, with Long-Term Units)	8
Out-of-Province Hospitalization	9
Mortality on Prince Edward Island	10
TABLE V Provincial Comparison of Mortality Rates and Ranking, 1985	11
TABLE VI Provincial Comparison of Mortality Rates and Ranking, 1984	12
TABLE VII Perinatal Mortality Rates	13
TABLE VIII 1984 Neonatal Deaths by Cause for Prince Edward Island (deaths from birth to 28 days)	14
Organizational Chart	15
Administration of the Plans	16
Benefits of the Plans	17
Description of Divisions	18
Auditor's Report	19
Financial Data	23
Hospital Utilization Statistics:	
Introduction	25
Western Hospital	27
Community Hospital	27
Stewart Memorial Hospital	28
Prince County Hospital	28
Queen Elizabeth Hospital	29
Kings County Memorial Hospital	29
Souris Hospital	30
Summary Statistics	31

THE HOSPITAL SERVICES COMMISSION

Introduction:

The Hospital Services Commission of Prince Edward Island administers a plan of hospital care for the people of Prince Edward Island according to the provisions of the Hospital and Diagnostic Services Insurance Act and other relevant legislation. The Plan provides for a system of hospital care insurance for the people of Prince Edward Island universally available to all without regard to age, financial circumstances or condition of health. The Commission consists of not less than three and not more than five persons, of whom one shall be appointed from a slate of not less than three names proposed by the Hospital Association of Prince Edward Island and one shall be appointed from a slate of not less than three names proposed by the Medical Society of Prince Edward Island.

Functions:

It is the function of the Hospital Services Commission:

- 1) to ensure the development and maintenance throughout Prince Edward Island of a balanced and integrated system of hospitals, related health care facilities, and the school of nursing;
- 2) to approve or disapprove the establishment of new hospitals, additions to existing hospitals, and the establishment of or additions to related health facilities;
- 3) to approve or disapprove all grants to hospitals for construction and maintenance;
- 4) to establish and operate, alone or in cooperation with one or more organizations, institutes, and centres for the training of hospital and related personnel;
- 5) to conduct surveys and research programs and to obtain statistics for its purposes;
- 6) to approve or disapprove hospitals and other facilities for the purpose of this Act in accordance with the Regulations;
- 7) to approve or disapprove incorporation, by-laws, operation, and alteration of all public hospitals;
- 8) to administer the hospital employees classification plan which covers all employees in the hospitals.

Areas of Responsibility:

- 1) Hospital Care Insurance Plan (administration and funding);
- 2) Approved Public Hospitals (funding & regulations);
- 3) Licensed Private Nursing Homes (regulations);
- 4) Ambulances (regulations & subsidized funding);
- 5) School of Nursing (funding);
- 6) Labour Relations (contract negotiations for hospital unionized employees through the Health Negotiating Agency);
- 7) Hospital Employees Classification Plan (administration).



HIGHLIGHTS OF 1985-86 REPORT

SUMMARY OF ACTIVITIES

Approval for Insured Beds at the Special Care Unit, Dr. Eric Found Health Centre

Amendments to the Hospital & Diagnostic Services Insurance Act

Approval in Principle to Purchase a CAT Scanner

Approval given to Proceed to the Design Stage for a New Souris Hospital

Revisions of Hospital Services Commission's Policy on Sterilization Procedures

Nursing Education Study Undertaken

Amendments to Stewart Memorial Hospital's By-Laws

Accreditation of Community Hospital

Approval of Tony Rolph of Mutrie and Rolph Architects to Undertake a Hospital Capital Assets (Buildings) Study

Approval of Coopers & Lybrand to Undertake an Ambulance Services Study

Accreditation of Queen Elizabeth Hospital

Approval of Laboratory Renovations at Prince County Hospital

Appointment of Dr. J.H. O'Hanley as a Member of the Medical Advisory Committee

Approval in Principle for a Laboratory Services Study



HOSPITAL UTILIZATION

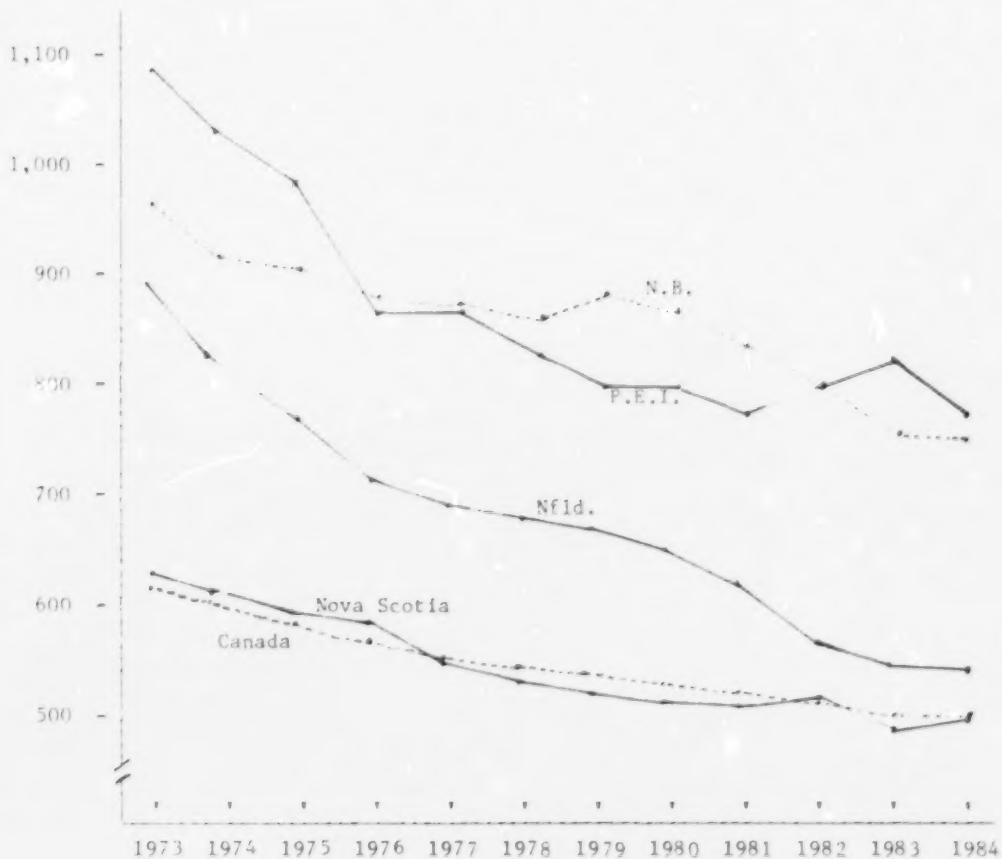


Introduction:

The following graphs and tables represent the most up-to-date information that could be obtained on a comparable provincial basis from Statistics Canada publications. General comments have been provided at the bottom of each table.

TABLE I
Population
per Physician

Population per Active Civilian
Physician
Canada and Atlantic Provinces
1973-1984



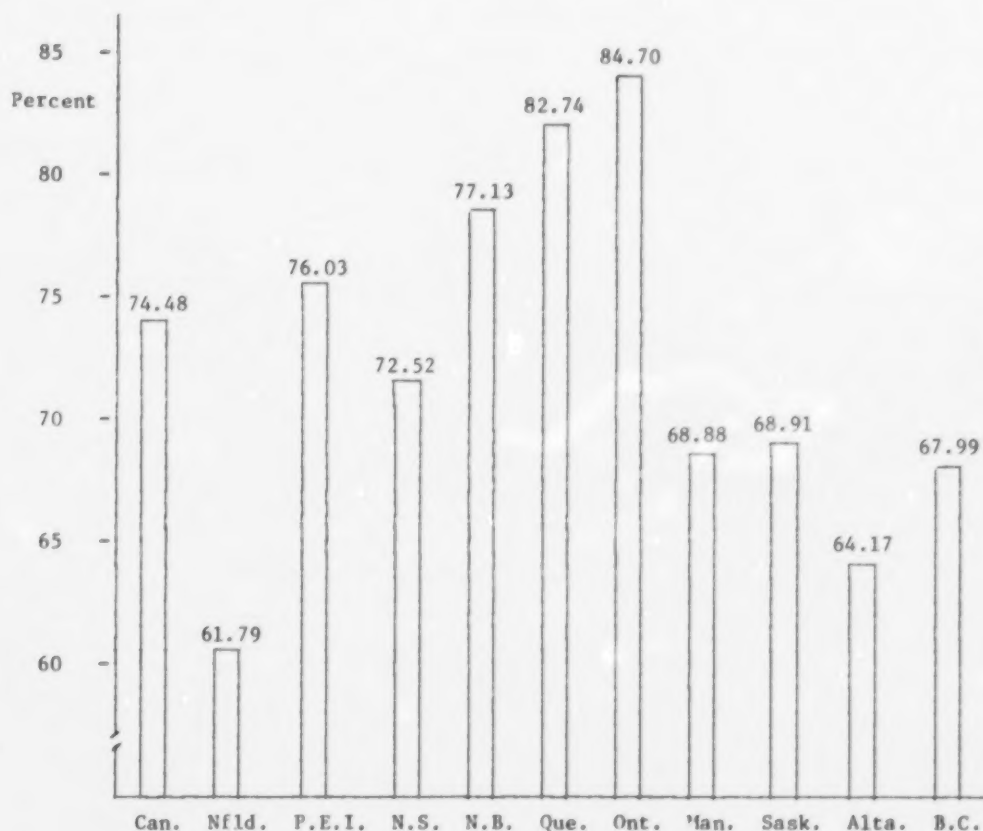
Source: 1985 Canada Health Manpower Inventory (Health & Welfare Canada)

Prince Edward Island has shown a decrease in the population per active civilian physician, but still remains above Canada and Atlantic Provinces.

TABLE II

Provincial Comparison
OCCUPANCY RATES : 1984 - 1985

(Public Hospitals - General Non-Teaching, With Long-Term Units)



Source: Hospital Statistics Preliminary Annual Report 1984-85 - Statistics Canada

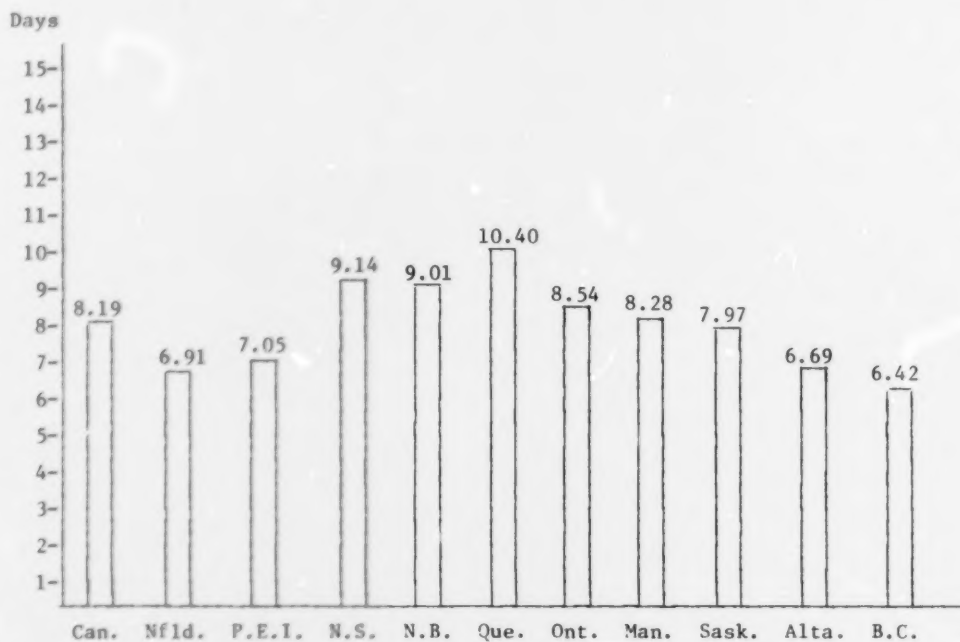
The occupancy rates indicate the degree of utilization of inpatient beds in a hospital. Generally, the higher the occupancy rate, the greater the operation efficiency is in the institution. However, it should be noted that the waiting period and numbers waiting for non-emergency admission to hospital also increase as the occupancy rate increases.

TABLE III

Provincial Comparison

AVERAGE LENGTH OF STAY : 1984 - 1985

(Public Hospitals - General Non-Teaching, With Long-Term Units)

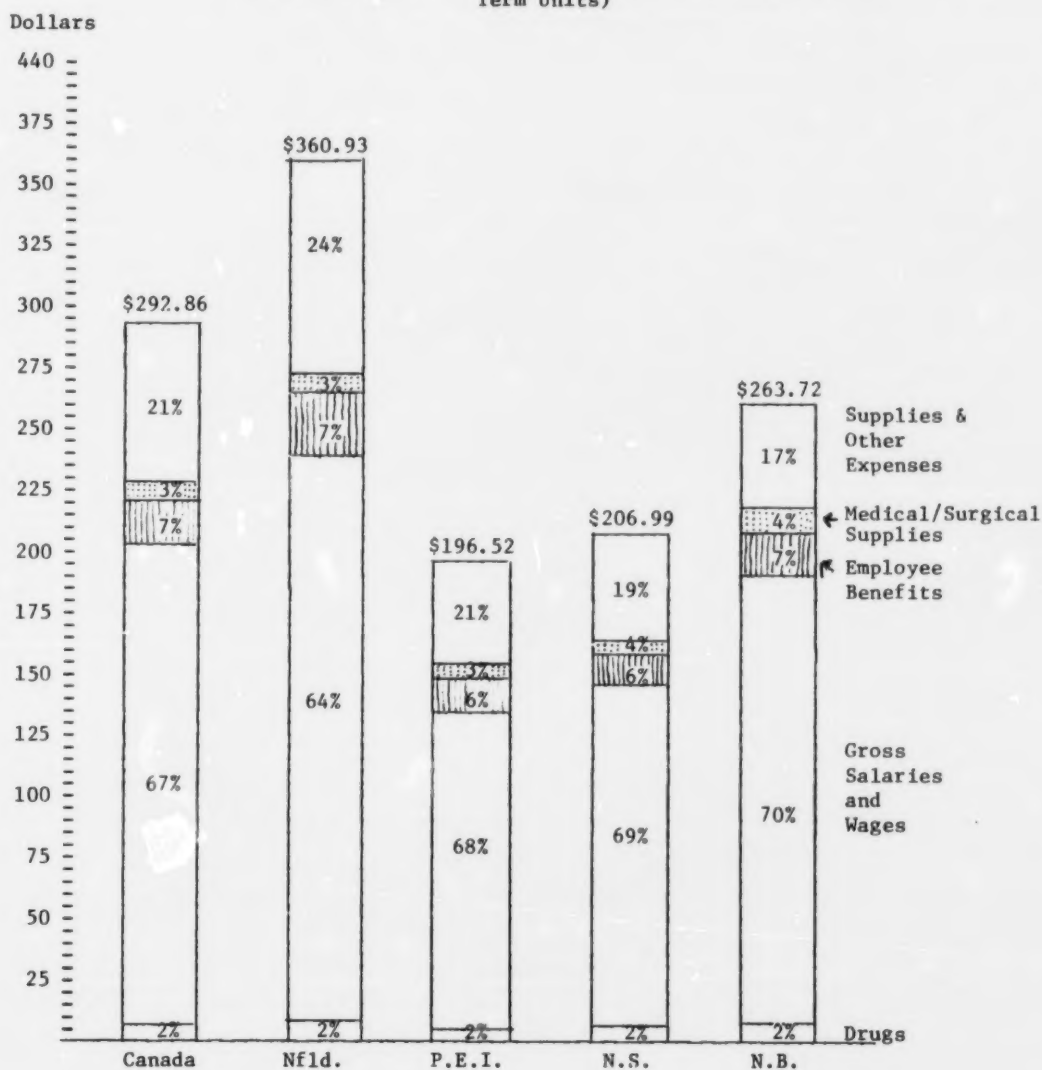


Source: Hospital Statistics Preliminary Annual Report 1984-85 - Statistics Canada

The average length of stay indicates the degree of turnover of patients in inpatient beds. The lower the average length of stay, the greater is the utilization of the inpatient beds.

TABLE IV

1984-85 Percentage Distribution of Total Operating
Expenses by Type of Expense per Patient Day
(Public Hospitals - General, Non-Teaching, with Long-
Term Units)



Source: Hospital Statistics Preliminary Annual Report, 1984-85,
Statistics Canada

Prince Edward Island has the lowest hospital total operating
expenses per patient day in the Atlantic Provinces.



OUT-OF-PROVINCE HOSPITALIZATION



The total number of days of stay for out-of-province hospitalization decreased from 20,066 in 1984-85 to 19,614 in 1985-86.

MORTALITY ON PRINCE EDWARD ISLAND

Introduction:

In 1984 the major causes of death characterized in descending order of importance for Canada and Prince Edward Island were as follows:

CANADA:

1. Diseases of the heart
2. Ischaemic heart disease
3. All malignant neoplasms
4. All other malignant neoplasms
5. All other causes not specified

PRINCE EDWARD ISLAND:

1. Diseases of the heart
2. Ischaemic heart disease
3. All malignant neoplasms
4. All other malignant neoplasms
5. All other causes not specified

SOURCE: 1984 Vital Statistics, Volume III, Statistics Canada

This table indicates that Prince Edward Island's experience is the same as that in the rest of Canada.

TABLE V
PROVINCIAL COMPARISON OF
MORTALITY RATES AND RANKING
1985

Ranking	PROVINCE	Average Rank	Perinatal	Infant	Maternal	Men (35-44)	Men (45-54)	Women (35-44)	Women (45-54)
1	Prince Edward Island	3.5	9.9	4.0	0.0	1.8	5.6	1.7	1.3
2	Quebec	4.0	8.0	7.2	0.2	2.2	5.9	1.1	3.2
2	Ontario	4.0	8.7	7.3	0.7	1.9	5.2	1.1	3.0
2	Alberta	4.0	8.0	8.0	0.2	2.0	5.4	1.3	3.1
3	British Columbia	4.1	9.1	8.1	0.2	2.0	4.9	1.2	3.0
4	Nova Scotia	4.3	9.0	7.9	0.0	2.2	6.1	1.4	3.3
5	New Brunswick	4.4	9.0	9.6	0.0	2.2	5.8	1.1	3.2
6	Saskatchewan	4.5	9.1	11.0	0.0	2.1	5.5	1.0	3.1
7	Manitoba	4.6	9.7	9.9	0.6	1.7	5.7	1.1	3.4
8	Newfoundland & Labrador	4.8	10.8	10.8	1.2	1.9	4.0	1.0	3.3
9	Yukon	5.0	6.4	10.8	0.0	4.1	7.5	1.2	5.5
10	Northwest Territories	6.7	10.4	16.7	0.0	4.3	9.4	0.6	5.4

SOURCE: 1985 Births and Deaths, Vital Statistics, Volume 1, Statistics Canada.

This table identifies mortality rate per 1,000 population in a cross section of age groups by province. To assess the health care performance position of each province, the average ranking was based on equal weight for each factor.

TABLE VI
PROVINCIAL COMPARISON OF
MORTALITY RATES AND RANKING
1984

Ranking	PROVINCE	Average Rank	Perinatal	Infant	Maternal	Men (35-44)	Men (45-54)	Women (35-44)	Women (45-54)
1	New Brunswick	4.0	8.9	7.8	0.0	2.1	5.8	1.3	2.1
1	Quebec	4.0	8.4	7.3	0.1	2.2	5.6	1.1	3.0
2	Nova Scotia	4.2	9.5	7.8	0.0	2.0	5.8	1.2	2.8
2	Ontario	4.2	8.5	7.6	0.4	1.8	6.1	2.2	3.1
3	Manitoba	4.3	9.7	8.6	0.0	2.2	5.2	1.0	3.6
4	Prince Edward Island	4.4	10.2	8.2	0.0	2.1	5.5	1.8	2.8
4	British Columbia	4.4	8.8	8.6	2.0	2.1	5.1	1.2	2.8
5	Newfoundland & Labrador	4.5	9.4	9.2	1.2	1.9	5.5	1.0	3.5
6	Saskatchewan	4.6	9.6	9.4	1.0	2.1	5.4	2.0	2.9
6	Yukon	4.6	1.9	13.5	0.0	3.3	5.1	3.2	5.0
7	Alberta	5.3	8.8	9.6	7.0	2.0	5.3	1.2	2.9
8	Northwest Territories	6.4	10.3	17.3	0.0	3.2	6.7	1.6	5.6

SOURCE: 1984 Births and Deaths, Vital Statistics, Volume 1,
Statistics Canada.

This table identifies mortality rates per 1,000 population in a cross section of age groups by province. To assess the health care performance positions of each province, the average ranking was based on equal weight for each factor.

TABLE VII

PERINATAL MORTALITY RATES

[Total number of fetal deaths of 28 or more weeks gestation plus infant deaths under 7 days (1 week) of age per 1,000 total births].

"Perinatal mortality may be considered as reflecting standards of obstetric and paediatric care as well as the effectiveness of social measures in general and of public health actions in particular. Thus it occupies a key position in determining health policy." W.H.O., "Comparative Study of Social and Biological Effects on Perinatal Mortality." World Health Statistics Report, Volume 29, 1976, pp. 228-234.

	1983	1984
Canada	9.5	8.7
Newfoundland and Labrador	11.7	9.4
Prince Edward Island	12.5	10.2
Nova Scotia	11.1	9.5
New Brunswick	10.8	8.9
Quebec	8.8	8.4
Ontario	9.7	8.5
Manitoba	11.1	9.7
Saskatchewan	10.5	9.6
Alberta	8.3	8.8
British Columbia	9.1	8.8

SOURCE: 1984 Vital Statistics, Volume III, Statistics Canada.

This table shows that in 1984, Prince Edward Island's perinatal mortality rate improved (decreased) but not to the same extent as the other provinces. This suggests that measures need to be taken to improve our standards of obstetrics and paediatric care.

TABLE VIII

**1984 NEONATAL DEATHS BY CAUSE FOR
PRINCE EDWARD ISLAND**

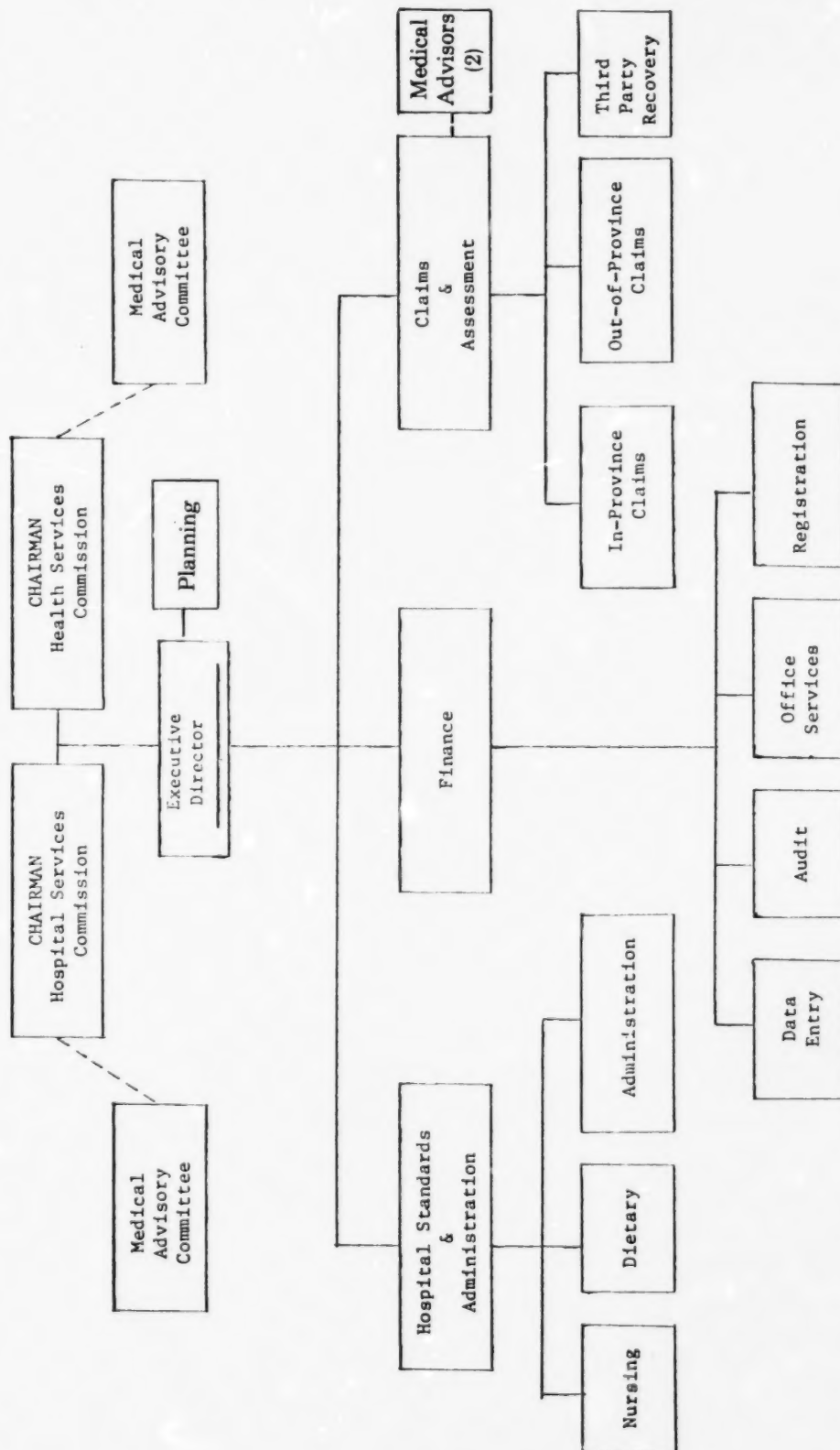
(deaths from birth to 28 days)

Cause	Number	Percentage
Meningitis	1	9.0
Anencephalus and Similar Anomalies	1	9.0
Congenital Hydrocephalus	1	9.0
Congenital Anomalies of Heart	2	18.5
Congenital Anomalies of Musculoskeletal System	1	9.0
Newborn Affected by Maternal Complications of Pregnancy	1	9.0
Respiratory Distress Syndrome	1	9.0
Other Respiratory Conditions of Newborn	2	18.5
Infections Specific to Perinatal Period	1	9.0
ALL CAUSES	11	100.0

SOURCE: 1984 Mortality, Vital Statistics, Volume III

This table indicates that the care being provided from birth to 28 days could be enhanced by earlier detection of life threatening risks.

HOSPITAL AND HEALTH SERVICES COMMISSIONS
ORGANIZATIONAL CHART





ADMINISTRATION OF THE PLANS



The administration of the Hospital Care Insurance Plan and the Health Insurance Plan is combined. Policy is determined separately by the two Commissions within the terms of reference of their Acts.

Day-to-day administration of the Plans is carried out through a Division of Claims and Assessment, a Division of Standards and Administration, and a Division of Finance, each responsible to the Commission through the Executive Director. Medical care problems relating to the operations of each Plan are considered by its Medical Advisor who may seek advice from its Medical Advisory Committee of five physicians nominated by the Medical Society of Prince Edward Island and appointed by the Commission.

The Medical Advisory Committees meet on an "as required" basis and play an important role in the smooth and efficient administration of the Plans.

BENEFITS OF THE PLANS

General

The Hospital Care Insurance Plan and the Health Care Plan form part of the overall health services of the province.

The Hospital and Diagnostic Services Insurance Act provides the legislative authority under which residents of the province are insured against the cost of necessary hospital care and other services in aid of diagnosis.

Under the Health Services Payment Act, provision is made for payment toward the cost of basic health (medical) services for all insured residents of the province.

The cost of both Plans is shared by the Province of Prince Edward Island and the Government of Canada. There are no premiums required under either Plan, and the provincial share is provided through general revenue.

Hospital Care Insurance Plan:

An extensive array of necessary health services is provided as fully insured benefits to hospitalized persons; however, for preferred accommodations, a hospital bills the patient directly.

In-patient benefits include:

- standard ward accommodation and meals
- necessary nursing services
- laboratory
- radiology and other diagnostic procedures
- drugs
- biologicals and related preparations
- use of operating room, case room, anaesthetic facilities
- use of radiotherapy, physiotherapy and occupational and speech therapy
- routine surgical supplies.

Similarly, most out-patient services are insured except in certain cases where the hospital will charge for take home supplies, e.g., drugs and dressings.

DESCRIPTION OF DIVISIONS

Hospital Standards and Administration Division

R. Thelma Cameron, Director

This Division has the responsibility of ensuring through the development and maintenance of reasonable standards, insofar as possible, the effective utilization of services provided by the general hospitals, the licensed ambulance operators, the licensed nursing home operators, the School of Nursing, and the Central School of Nursing Assistants.

This Division has the following duties:

- to review and analyze the utilization trends
- to conduct such studies as it deems necessary to determine the standards are being maintained.

This is accomplished through the medium of nursing, hospital administration, and dietary consultants.

Claims and Assessment Division

John R. Hobbs, Director

The Division of Claims and Assessment is responsible for processing both physicians and hospital claims through a system of clerks and assessment rules to ensure that claims submitted are for insured services and are medically necessary.

There are three sections in this Division: In-Province Claims, Out-of-Province Claims, and Third Party Recovery. Their responsibilities include:

- processing all claims for services rendered in the province
- integrating information from both hospital and physician claims on individual patient history cards
- random audit program to determine from patients whether a service was rendered as claimed by a physician
- processing all claims incurred by residents of Prince Edward Island outside the province
- investigating cases where a third party was the cause of the illness or injury of the patient, and recovering monies where possible
- field investigations regarding eligibility status of Prince Edward Island residents.

Finance Division

David R. MacCormac, Director

The primary function of the Finance Division is to provide management with financial information for use in making policy and operating decisions. Secondly, it acts as a service centre for hospitals and Divisional Directors on areas where financial advice is requested or required.

Responsibilities of the various sections within the Division of Finance include:

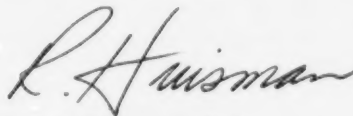
- financial management, planning, and control
- financial accounting for the Commission
- data entry for thirty-two computer programs
- batching and processing claims for data control
- general office services including switchboard
- maintenance of the resident registration file
- cash and budget control
- development of internal financial, manual, and computerized systems
- internal audit functions.

AUDITOR'S REPORT

To the Commissioners of the Hospital Services Commission

I have examined the balance sheet of the Hospital Services Commission of Prince Edward Island as at March 31, 1986 and the statement of financial activities for the year then ended. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the financial position of the Commission as at March 31, 1986 and the results of its operations for the year then ended in accordance with the basis of accounting as disclosed in Note 1 to the financial statements applied on a basis with that of the preceding year.

A handwritten signature in cursive script, appearing to read 'R. Huisman', written in dark ink.

R. Huisman, C.A.
Acting Auditor General

Charlottetown, Prince Edward Island
July 31, 1986

STATEMENT 1

HOSPITAL SERVICES COMMISSION OF PRINCE EDWARD ISLAND

BALANCE SHEET

MARCH 31, 1986

(with comparative figures at March 31, 1985)

ASSETS

	1986	1985
CURRENT ASSETS		
Term deposit	\$ 87,992	\$ 80,195
Accounts Receivable (Note 2)	510,095	1,198,462
Advances to P.E.I. Hospitals (Note 5)	1,300,000	1,000,000
Advance to Province of Nova Scotia	450,000	450,000
Prepaid Expense	2,443	6,482
Fixed Assets		
Office furnishings and equipment (Note 1)	1	1
	<u>\$2,350,531</u>	<u>\$2,735,140</u>

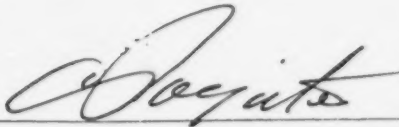
LIABILITIES

Current		
Bank overdraft	\$ 114,595	\$ 655,856
Payables and Accruals (Note 3)	2,235,936	2,079,284
	<u>\$2,350,531</u>	<u>\$2,735,140</u>

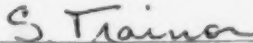
(Notes 1 to 5 are an integral part of these financial statements)

ON BEHALF OF THE COMMISSION:

COMMISSIONER:



COMMISSIONER:



STATEMENT 2

HOSPITAL SERVICES COMMISSION OF PRINCE EDWARD ISLAND
STATEMENT OF FINANCIAL ACTIVITIES
YEAR ENDED MARCH 31, 1986

(with comparative figures for the year ended March 31, 1985)

	1986	1985
REVENUE		
Provincial Appropriation (Note 4)	\$64,570,222	\$61,196,005
Third party recoveries	161,411	78,845
Investment income	19,354	27,857
	<u>64,750,987</u>	<u>61,302,707</u>
EXPENSES		
In-province hospitals - Operating	47,641,247	45,008,889
- Debt	5,507,014	5,422,077
- Capital repairs	129,055	103,715
P.E.I. School of Nursing	1,257,146	1,197,682
Out-of-province hospital care	7,839,731	7,405,974
Ambulance service	726,873	700,263
Canadian Red Cross Society	834,370	718,998
Administration	815,551	745,109
	<u>64,750,987</u>	<u>61,302,707</u>
Net result for the year	<u>\$ —</u>	<u>\$ —</u>

(Notes 1 to 5 are an integral part of these financial statements)

HOSPITAL SERVICES COMMISSION OF PRINCE EDWARD ISLAND
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 1986

1. Accounting Policy:

Depreciation —

Fixed assets are recorded at a nominal value of one dollar; therefore, no depreciation is charged.

2. Accounts Receivable	1986	1985
Province of P.E.I.	\$392,532	\$ 821,774
Local Hospitals	—	314,276
Health Services Commission	92,383	56,711
Other	25,180	5,701
	<u>\$510,095</u>	<u>\$1,198,462</u>
3. Payables and Accruals	1986	1985
Local hospitals and approved facilities for laboratory costs, deficits and major equipment purchases	\$ 208,549	\$ —
Local hospitals for services to non-resident patients	72,312	101,724
Canadian Red Cross	9,817	8,629
Ambulance operators	48,041	54,283
Out-of-province hospital care, net	1,877,586	1,910,736
Other	19,631	3,912
	<u>\$2,235,936</u>	<u>\$2,079,284</u>

The payable for out-of-province hospital care includes an accrual of \$240,000 for estimated billings not yet received for services of out-of-province hospitals to March 31, 1986.

4. Provincial Appropriation	1986	1985
Original Appropriation	\$64,916,900	\$62,742,600
Additional Appropriation	650,000	—
Transferred Appropriation from General Government	—	246,900
Unspent Appropriations	(996,678)	(1,793,495)
Total Provincial Appropriation	<u>\$64,570,222</u>	<u>\$61,196,005</u>

5. A non interest bearing advance of \$1,000,000 has been provided to the Queen Elizabeth Hospital since 1984. In July 1985 under authority of Section 19(1) (c) of the Financial Administration Act, Treasury Board directed the Minister of Finance and Tourism to provide a \$200,000 loan to the Queen Elizabeth Hospital as the first phase of the \$400,000 purchase of laboratory equipment which is to take place over two years. The Commission has provided interim financing for this loan. However, the Minister of Finance has not advanced any funds to the Hospital nor has he established any terms or conditions for the approved loan of \$200,000. A similar advance for \$100,000 has been made by the Commission to the Prince County Hospital.

PUBLIC GENERAL HOSPITALS IN PRINCE EDWARD ISLAND

Per Diem Rates

Effective April 1, 1985 — March 31, 1986

QUEEN ELIZABETH HOSPITAL	\$300.00
PRINCE COUNTY HOSPITAL	\$220.00
KING'S COUNTY MEMORIAL HOSPITAL	\$170.00
STEWART MEMORIAL HOSPITAL	\$157.00
COMMUNITY HOSPITAL	\$152.00
SOURIS HOSPITAL	\$146.00
WESTERN HOSPITAL	\$142.00

PUBLIC GENERAL HOSPITALS IN PRINCE EDWARD ISLAND

COMPARISON OF GENERAL EXPENSES

	1985-86 ACTUAL	1984-85 ACTUAL	1985-86% INC/DEC OVER 1984-85
Salaries	\$33,991,842	\$32,253,486	5.4
Employee Benefits	3,193,548	2,905,831	9.9
Drugs, Medical and Surgical Supplies	4,069,687	3,519,591	15.6
Other Supplies and Expenses:			
Diagnostic and Treatment Services	2,797,067	2,655,236	5.3
Administration	1,130,188	947,123	19.3
Operating	5,956,454	5,888,244	1.2
Sub-Total	\$51,138,786	\$48,169,511	6.2
Offset Income	3,541,603	3,340,482	6.0
Net Expenditure	<u>\$47,597,183</u>	<u>\$44,829,029</u>	<u>6.2</u>

HOSPITAL UTILIZATION STATISTICS

Introduction:

There are seven acute care hospitals on Prince Edward Island. They are, with their respective bed capacities:

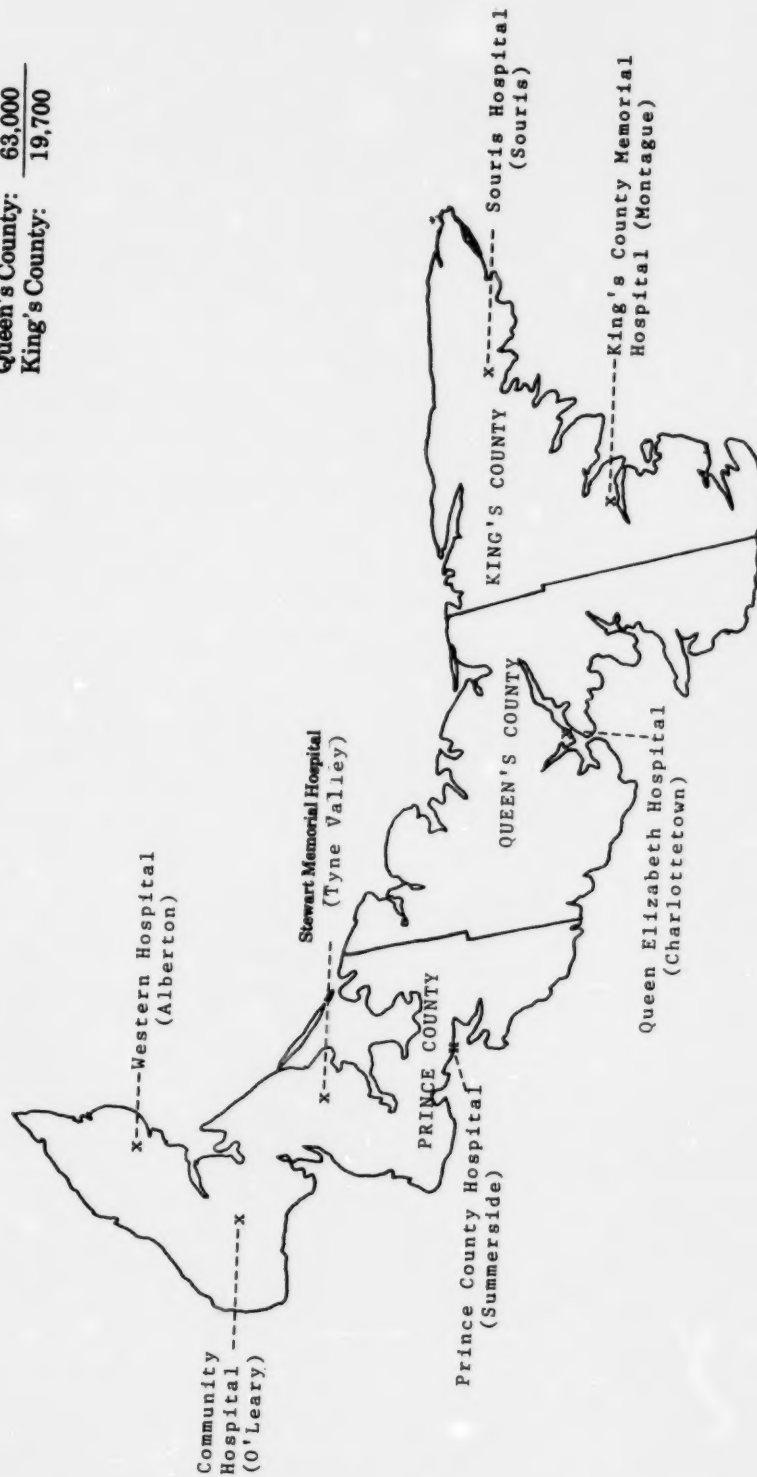
Western Hospital, Alberton	50
Community Hospital, O'Leary	33
Stewart Memorial Hospital, Tyne Valley	23
Prince County Hospital, Summerside	162
Queen Elizabeth Hospital, Charlottetown	351
King's County Memorial Hospital, Montague	50
Souris Hospital, Souris	21
	<u>690</u>

The following pages present 1985-86 statistics (source: 1985-86 Annual Return of Health Care Facilities, Hospitals — Part I) and background information for each hospital and concludes with a four (4) year summary of total hospital utilization data for the province.

Population — 1985 — 127,100

PRINCE EDWARD ISLAND

Prince County:	44,400
Queen's County:	63,000
King's County:	19,700



Population Source: Working Paper - Statistics Canada

WESTERN HOSPITAL

Alberton

OWNERSHIP:	Religious Organization
RATED BED CAPACITY:	50 beds
BEDS TYPE — Medical	40 beds
Pediatric	10 beds
OCCUPANCY RATE:	64 percent
ADMISSIONS:	1,613
AVERAGE LENGTH OF STAY:	7.3 days
BIRTHS:	0
PATIENT DAYS:	11,733
CHAIRMAN OF THE BOARD	Ronald D. McKinnon
ADMINISTRATOR:	Sister Mary Ethel Doyle/ Albert Bernard

COMMUNITY HOSPITAL

O'Leary

OWNERSHIP:	Lay Corporation
RATED BED CAPACITY:	33 beds
BEDS TYPE — Medical/Surgical	24 beds
Obstetrical	3 beds
Pediatric	5 beds
Isolation	1 bed
OCCUPANCY RATE:	79 percent
ADMISSIONS:	1,167
AVERAGE LENGTH OF STAY:	8.2 days
BIRTHS:	77
PATIENT DAYS:	9,569
CHAIRMAN OF THE BOARD:	Bernard Shea
ADMINISTRATOR:	Lester A. Brennan

STEWART MEMORIAL HOSPITAL

Tyne Valley

OWNERSHIP:	Lay Corporation
RATED BED CAPACITY:	23 beds
BEDS TYPE — Medical	10 beds
Medical-Nursing	10 beds
Pediatric	3 beds
OCCUPANCY RATE:	63 percent
ADMISSIONS:	706
AVERAGE LENGTH OF STAY:	7.5 days
BIRTHS:	0
PATIENT DAYS:	5,326
CHAIRMAN OF THE BOARD:	Clyde Minard
ADMINISTRATOR:	Robert Millar, Jr.

PRINCE COUNTY HOSPITAL

Summerside

OWNERSHIP:	Lay Corporation
RATED BED CAPACITY:	162 beds
BEDS TYPE — Medical	56 beds
Surgical	37 beds
Pediatric	25 beds
Obstetrical	23 beds
Psychiatric	16 beds
Intensive Care	5 beds
OCCUPANCY RATE:	77 percent
ADMISSIONS:	6,797
AVERAGE LENGTH OF STAY:	6.7 days
BIRTHS:	615
PATIENT DAYS:	45,598
CHAIRMAN OF THE BOARD:	Grant Mollison
EXECUTIVE DIRECTOR:	Wayne Carew

QUEEN ELIZABETH HOSPITAL

Charlottetown

OWNERSHIP:	Lay Corporation
RATED BED CAPACITY:	351 beds
BEDS TYPE — Medical/Surgical	210 beds
Pediatric	49 beds
Psychiatric	30 beds
Obstetrical	30 beds
Rehabilitation	20 beds
Intensive Care	12 beds
OCCUPANCY RATE:	82 percent
ADMISSIONS:	11,543
AVERAGE LENGTH OF STAY:	9.1 days
BIRTHS:	1,198
PATIENT DAYS:	105,428
CHAIRMAN OF THE BOARD:	Frank MacDonald
EXECUTIVE DIRECTOR:	Kenneth W. Ezear

KING'S COUNTY MEMORIAL HOSPITAL

Montague

OWNERSHIP:	Lay Corporation
RATED BED CAPACITY:	50 beds
BEDS TYPE — Medical	36 beds
Pediatric	8 beds
Obstetrical	6 beds
OCCUPANCY RATE:	77 percent
ADMISSIONS:	1,783
AVERAGE LENGTH OF STAY:	7.8 days
BIRTHS:	107
PATIENT DAYS:	13,974
CHAIRMAN OF THE BOARD:	Leonard Munroe
ADMINISTRATOR:	Horst R. Quecke

SOURIS HOSPITAL

Souris

OWNERSHIP:	Lay Corporation
RATED BED CAPACITY:	21 beds
BEDS TYPE — Medical	16 beds
Pediatric	3 beds
Obstetrical	2 beds
OCCUPANCY RATE:	75 percent
ADMISSIONS:	822
AVERAGE LENGTH OF STAY:	7.0 days
BIRTHS:	18
PATIENT DAYS:	5,764
CHAIRMAN OF THE BOARD:	Anne MacPhee
ADMINISTRATOR:	Peter Ramsay

COMPARISON OF HOSPITAL USAGE
Hospitals of Prince Edward Island
April 1, 1982 to March 31, 1986

	April 1, 1982 to March 31, 1983	April 1, 1983 to March 31 1984	April 1, 1984 to March 31, 1985	April 1, 1985 to March 31, 1986
Number of Beds set up	680	690	690	690
Number of Bassinets set up	79	79	79	79
Total Patients Admitted (Adult, Children & Newborn) ...	26,562	27,801	27,765	26,445
Total Births in Hospitals	1,902	1,876	1,961	2,015
Adults & Children Patient Days .	190,405	200,142	201,212	197,392
Newborn Patient Days	10,385	9,984	10,679	11,131
X-Ray Examinations	94,489	102,725	101,780	102,736
Laboratory Units of Work				7,660,804 ¹
Operations in O.R.	15,637	16,153	16,569	17,835
Emergency Room Visits	87,681	106,444	112,362	122,358
Physiotherapy Attendances ...	44,649	39,180	43,750	46,241
Electrocardiograph Exams	21,988	22,329	23,958	24,529
Meal Days	343,128	353,706	362,218	358,126
Nursing Staff (Includes School of Nursing and L.N.A. Program Staff)	659.5	657.8	680.2	670.4
Other Staff	793.8	860.9	881.1	888.8
Total Staff	1,453.3	1,518.7	1,561.3	1,559.2 ²

1 New laboratory workload measurement system

2 Staffing reported in full-time equivalents